

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09586651</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">06-01-00</div>			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	✓						51				
2		✓					52				
3		✓					53				
4		✓					54				
5		✓					55				
6		✓					56				
7		✓					57				
8		✓					58				
9		✓					59				
10		✓					60				
11		✓					61				
12		✓					62				
13		✓					63				
14		✓					64				
15		✓					65				
16		✓					66				
17	✓						67				
18		✓					68				
19		✓					69				
20		✓					70				
21		✓					71				
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24		✓					74				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	32						TOTAL DEP.				
TOTAL CLAIMS	34						TOTAL CLAIMS				